

16. If a Continuing Application: (check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part ☐ of prior application No.: _____

Prior application Information: Examiner _____

Group/Art Unit _____

Correspondence Address:

☒ Customer Number or Bar Code Label:



25784

PATENT TRADEMARK OFFICE

☐ Correspondence Address: Michael O. Scheinberg
P.O. Box 164140
Austin, TX 78716-4140
Telephone: (512) 347-1276
Facsimile: (512) 603-1963

FILING FEE CALCULATION FORM

Entity	Basic Filing Fee	Each Independent Claim in Excess of 3	Each Claim in Excess of 20	Multiple Dependent Claim Fee	Total
Small	\$355	3 x \$40 = \$120	25 x \$9 = \$225	___ x \$135 = ___	\$700
Other	\$710	___ x \$80 = \$	___ x \$18 = \$	___ x \$270 = ___	

☐ Check enclosed in the amount of \$___ for the filing fee.

☐ Check enclosed in the amount of \$40.00 for the Assignment Recordation Fee. Fee code 581

☐ Please charge my Deposit Account No. _____ in the total amount of the filing fee and the assignment recording fee, if any, under order no. _____

☐ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 501635. A duplicate copy of this authorization is attached

Date: 6/26/01

Respectfully submitted,

Michael O. Scheinberg
Reg. No. 36,919
PO Box 164140-4140
Austin, TX 78716-4140
Phone (512) 328-9510
Facsimile (512) 306-1963

FOR FILING